State of New Hampshire

Health Information Exchange Planning and Implementation Project

Phase 3 "Converging on Solutions"
Discussion document for Governance Workgroup

July 20, 2010

Agenda

Opening remarks, review of work to date, review of initial consensus areas
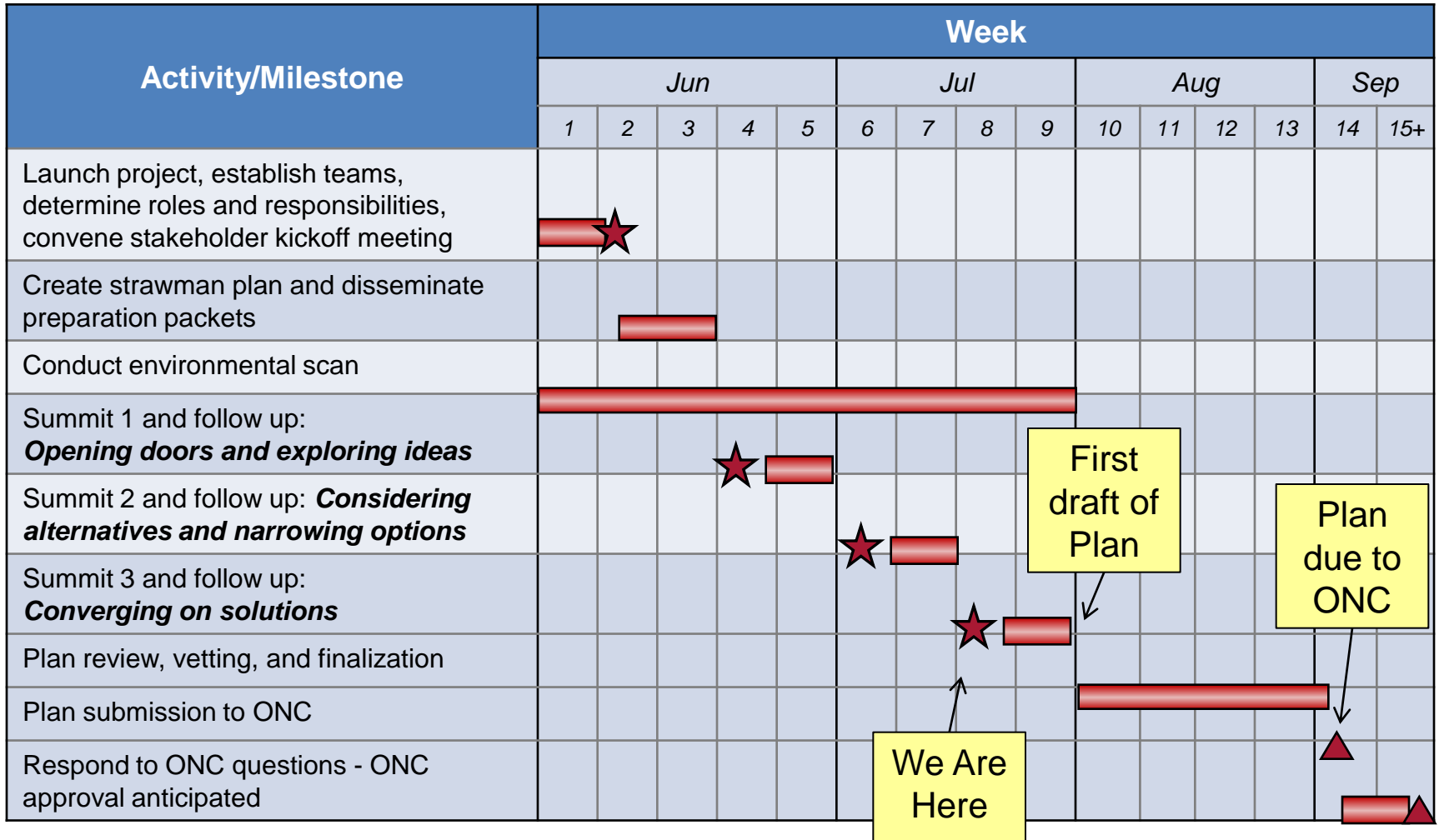
Converging on Solutions – Generating content for the strategic and operational plans
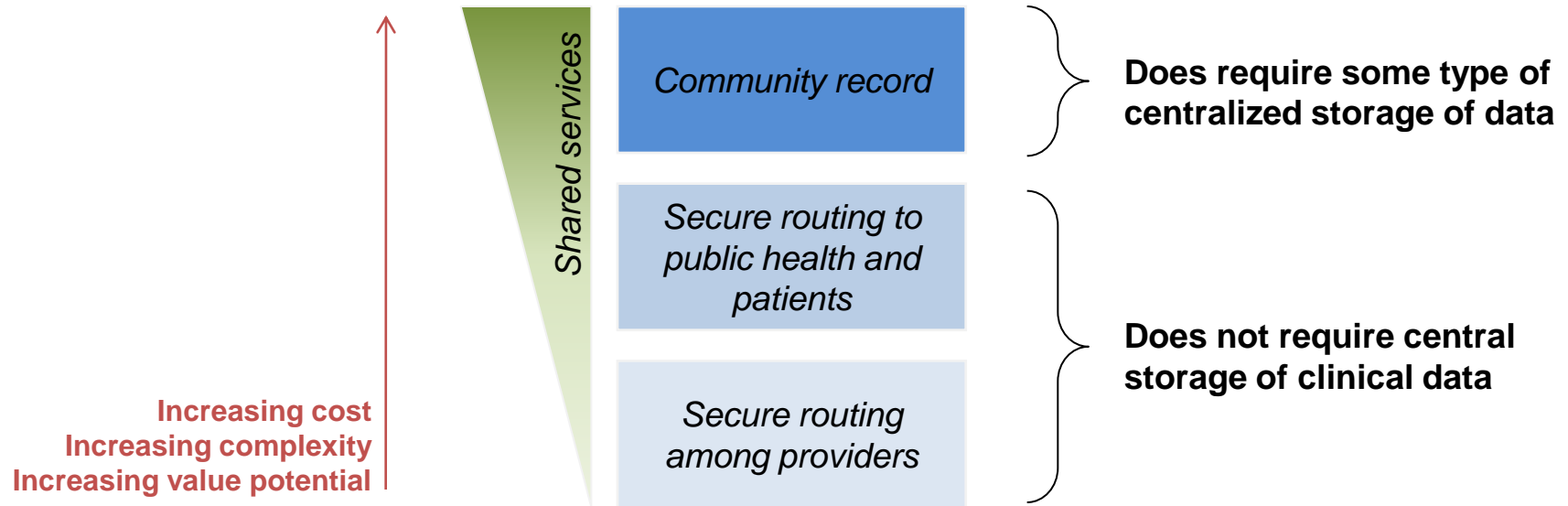
Wrap up and next steps

Appendix

HIEPI - MAeHC Project Schedule

Segment 1 Timeline: June 1 – October 31

Activity/Milestone	Week														
	Jun					Jul				Aug				Sep	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
Launch project, establish teams, determine roles and responsibilities, convene stakeholder kickoff meeting	▬	★													
Create strawman plan and disseminate preparation packets			▬												
Conduct environmental scan			▬▬▬▬▬▬▬▬▬▬												
Summit 1 and follow up: *Opening doors and exploring ideas*				★	▬										
Summit 2 and follow up: *Considering alternatives and narrowing options*						★	▬								
Summit 3 and follow up: *Converging on solutions*								★	▬						
Plan review, vetting, and finalization															
Plan submission to ONC										▬▬▬▬▬▬				▲	
Respond to ONC questions - ONC approval anticipated														▬	▲

First draft of Plan

Plan due to ONC

We Are Here

3

Review – Building blocks

Shared services

| Community record | Does require some type of centralized storage of data |

Community record

Secure routing to public health and patients

Secure routing among providers

Does require some type of centralized storage of data

Does not require central storage of clinical data

Increasing cost
Increasing complexity
Increasing value potential

Review - Strawman phasing

- **Is the transaction legal under current NH law?**
- **Are the technology, business, or legal complexities manageable given a short lead time?**
- **Can it be developed and launched within the ONC HIE funding budget?**
- **Is there an immediate market need for the transaction?**
- **Is there a lack of a clear substitute in the market today?**

Yes → **Phase 1**

↓ No

- **If it's illegal today, do we expect that it could be made legal in 2011 (e.g., is the transaction otherwise required in the market or by law, e.g., public health)?**
- **Is there expected to be an important market need for the transaction?**
- **Can technology, business, or legal complexities be resolved in parallel with Phase 1 implementations?**
- **Is there a continued lack of a clear substitute in the market today?**

Yes → **Phase 2**

↓ No

- **If it's illegal today, do we expect that it could be made legal in 2011 or beyond?**
- **Is there expected to be an important market need for the transaction?**
- **Can technology, business, or legal complexities be resolved in parallel with Phase 1 and 2 implementations?**
- **Is there a continued lack of a clear substitute in the market today?**

Yes → **Phase 3**

Review - Strawman phasing
(pending further input and environmental scan data)

Phase 1 $\longrightarrow$
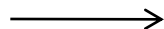
- **A "push" network that allows secure, standardized, low-cost sending and receiving of clinical documents among providers for treatment purposes**
  - **Across hospital networks (discharge summaries, labs, etc)**
  - **Manual record location across provider organizations**
  - **Within hospital networks for those hospitals who opt for it**
  - **Outside of hospital networks for offices and clinics who are not part of hospital networks today**
- **A standing, multi-stakeholder governance process to guide decision-making going forward**
- **A development program to build Phase 2 capabilities**

Phase 2 $\longrightarrow$
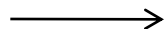
- **Extend "push" network to include public health and other healthcare entities (e.g., long-term care, etc)**
- **A "pull" network to allow electronic queries of CCD-standardized patient information through a Record Locator Service**
- **Development program to build Phase 3 capabilities**
- **Business development to build shared services capabilities**

Phase 3 $\longrightarrow$

- **Extend "push" network to include patients, other entities**
- **Extend "pull" network to allow centrally orchestrated merging of records across clinical entities**
- **Advanced shared services capabilities**

Review - Use case prioritization

HIE Building Block	What	From whom	To whom	Legality	Difficulty	Demand for service	Current market availability	Phasing
Secure routing to providers	Consult note -- Summary of care record	Specialist	PCP	1	1	1	2	1
Secure routing to providers	Hospital admission notification	Hospital	Referring physician and/or PCP	1	1	1	2	1
Secure routing to providers	Hospital admission notification	Hospital	Referring Hospital	1	1	1	3	1
Secure routing to providers	Hospital discharge summary	Hospital	Referring physician and/or PCP	1	1	1	2	1
Secure routing to providers	Hospital discharge summary	Hospital	Hospital	1	1	1	3	1
Secure routing to providers	Hospital ED visit summary	Hospital	Referring physician and/or PCP	1	1	1	2	1
Secure routing to providers	Imaging reports	Hospital	PCP or specialist	1	1	1	2	1
Secure routing to providers	Key clinical information summary	Hospital	Hospital	1	1	1	3	1
Secure routing to providers	Key clinical information summary	PCP or specialist	Hospital	1	1	1	2	1
Secure routing to providers	Lab results	Hospital	PCP or specialist	1	1	1	2	1
Secure routing to providers	Referral -- Summary of care record	PCP	Specialist	1	1	1	2	1
Secure routing to providers	Referral -- Summary of care record	PCP or specialist	Hospital	1	1	1	2	1
Secure routing to providers	Request for key clinical information	Hospital	Hospital	1	1	1	3	1
Secure routing to providers	Request for key clinical information	Hospital	PCP or specialist	1	1	1	2	1

HIE Building Block	What	From whom	To whom	Legality	Difficulty	Demand for service	Current market availability	Phasing
Secure routing to providers	Hospital discharge summary	Hospital	Other care settings	1	2	1	3	2
Secure routing to providers	Lab order	PCP or specialist	Hospital	1	2	2	3	2
Secure routing to providers	Lab results	Public health lab	Hospital	1	2	3	3	2
Secure routing to providers	Lab results	Public health lab	PCP or specialist	1	2	3	3	2
Expanded secure routing	Immunization record	Hospital	Public health	3	1	1	3	2
Expanded secure routing	Immunization record	PCP or specialist	Public health	3	1	1	3	2
Expanded secure routing	Laboratory ordering decision support	Payers	PCP or specialist and hospitals	3	3	1	2	2
Expanded secure routing	Reportable lab results	Hospital	Public health	3	1	2	3	2
Expanded secure routing	Syndromic surveillance data	Hospital	Public health	3	1	2	3	2
Expanded secure routing	Syndromic surveillance data	PCP or specialist	Public health	3	2	2	3	2
Expanded secure routing	Reportable conditions	PCP or specialist	Public health	3	2	2	3	2
Expanded secure routing	Reportable conditions	Hospital	Public health	3	1	2	3	2
Community record	Community record	Multiple sources	Hospital	1	3	2	3	2
Community record	Community record	Multiple sources	PCP or specialist	1	3	2	3	2
Community record	Medication history	Other clinical sources	Hospital	1	3	1	3	2
Community record	Medication history	Other clinical sources	PCP or specialist	1	3	1	3	2

Review - Use case prioritization (continued)

HIE Building Block	What	From whom	To whom	Legality	Difficulty	Demand for service	Current market availability	Phasing
Secure routing to providers	eRX	PCP or specialist	Pharmacy	1	3	1	1	3
Secure routing to providers	Images	Hospital	PCP or specialist	1	3	2	2	3
Secure routing to providers	Images	Imaging center	PCP or specialist	1	3	3	3	3
Secure routing to providers	Imaging order	PCP or specialist	Imaging center	1	3	3	3	3
Secure routing to providers	Imaging reports	Imaging center	PCP or specialist	1	2	3	3	3
Secure routing to providers	Lab order	PCP or specialist	National lab	1	3	2	1	3
Secure routing to providers	Lab results	National lab	PCP or specialist	1	3	2	1	3
Secure routing to providers	Medication history	Pharmacy	Hospital	1	3	1	1	3
Secure routing to providers	Medication history	Pharmacy	PCP or specialist	1	3	1	1	3
Expanded secure routing	Claims submission & eligibility checking	Hospital	Health plan	3	3	3	1	3
Expanded secure routing	Claims submission & eligibility checking	PCP or specialist	Health plan	3	3	1	1	3
Expanded secure routing	Discharge instructions	Hospital	Patient	3	3	1	1	3
Expanded secure routing	General medical summary	PCP or specialist	Patient	3	3	1	1	3
Expanded secure routing	Post-visit summary	PCP or specialist	Patient	3	3	1	1	3
Expanded secure routing	Public health alerts	Public health	Hospital	3	3	2	3	3
Expanded secure routing	Public health alerts	Public health	PCP or specialist	3	3	2	3	3
Expanded secure routing	Quality measures	Hospital	CMS and/or NH Medicaid	3	3	3	2	3
Expanded secure routing	Quality measures	PCP or specialist	CMS and/or NH Medicaid	3	3	3	3	3
Expanded secure routing	Radiation exposure report	Hospital	Radiation exposure registry	3	3	3	3	3
Expanded secure routing	Radiation exposure report	Imaging center	Radiation exposure registry	3	3	3	3	3
Community record	Public health case investigation	Hospital	Public health	3	3	3	3	3
Community record	Public health case investigation	PCP or specialist	Public health	3	3	3	3	3

Initial consensus areas from each workgroup

Governance Workgroup Consensus Areas

❑ Considering "Public Instrumentality" as organizational form modeled after NH Healthy Kids (independent 501(c)3 with explicit link to State government)

❑ Inclusive stakeholder governance body to undertake governance functions of policy setting, financial oversight and control, and operational oversight

❑ Equal governance representation (as opposed to differential representation based on financial contribution)

❑ Representation by stakeholder group (as opposed to individual)

Finance Workgroup Consensus Areas

❑ Federal grant to be treated as one-time startup investment with no expectation for ongoing operational revenue

❑ Project to proceed incrementally, seeking to generate value at each step

❑ Entity to be treated as a going concern with a diverse Federal match and ongoing revenue model that includes state funding and membership contributions from all stakeholders

Initial consensus areas from each workgroup (continued)

Business and Technical Operations Workgroup Consensus Areas

❑ Identified and vetted "use cases" that describe health information transactions (including stakeholders involved and information exchanged)

❑ Mapped use cases to building blocks to facilitate discussions and decisions of all other workgroups

❑ Prioritized use cases based on legality, Legality, Difficulty (Technical, Business/Governance, Legal complexity), Demand (Stakeholder interest; federal/state requirements), and Current market availability

❑ Began initial discussions regarding operations of HIE

Legal and Policy Workgroup Consensus Areas

❑ Currently defining Consent, Audit, Authorization, Authentication, Access, and Contracts considerations for phase 1 health information transactions (transactions that are within current NH State and Federal law)

❑ Identifying areas where the HIE could improve privacy and security of health information exchange over current practice

❑ Identifying areas where public health reporting is both required by NH law and prohibited from the HIE

Initial consensus areas from each workgroup (continued)

Public Health Workgroup Consensus Areas

❑ Recognition that exchange of public health information using the HIE is currently prohibited by NH State law

❑ Identification of information that could be gathered via the HIE in the future that is of high value to public health including elements required by the ONC (Immunization information, Biosurveillance, Reportable Conditions)

❑ Consensus on approach that provides minimal exposure of personal health information (PHI) – (For example, public health may receive the number of H1N1 diagnoses for a given region and may go through an exception process to identify the provider and patient for follow-up action)

❑ Identifying areas where the HIE could improve privacy and security of public health information reporting over current practice as well as efficiency and cost of information gathering

Initial consensus areas from each workgroup (continued)

Technical Infrastructure Workgroup Consensus Areas

❑ Incremental approach

  ➢ Begin with legal transactions that are feasible and affordable and that can help NH's eligible providers and hospitals achieve meaningful use

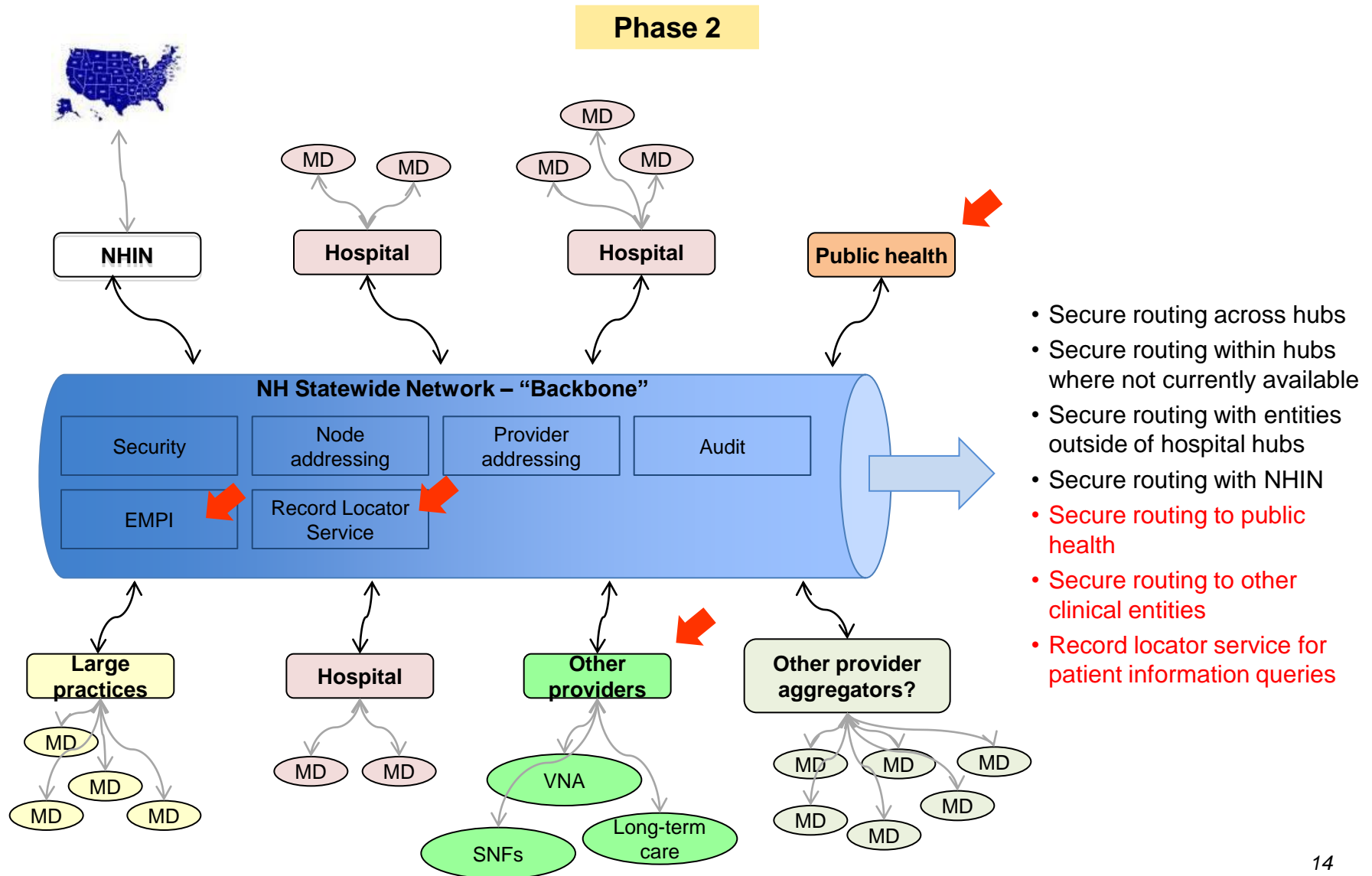 ➢ Build upon foundation as allowed by NH law and in line with financial model

❑ Initial consensus areas for phase 1 foundation – to be confirmed this week

  ➢ Hospital and other healthcare systems as brokers for transactions

  ➢ Statewide HIE Narrowly Facilitates Exchange (Lean infrastructure)

  ➢ Use NHIN Direct as Protocol for Central Exchange

  ➢ Allow local and global addressing of endpoints

  ➢ Protected Health Information not exposed to central HIE

  ➢ Trust relationships are brokered by HIE and/or local networks

  ➢ Transport Layer Security is used as a baseline of transaction encryption - other encryption can be layered on

  ➢ Transactions are unsolicited and unidirectional

  ➢ No Consent Representation required for transaction (consent management responsibility federated to brokers and not enforced by HIE)

  ➢ Acknowledgement of successful transactions sent to initiator

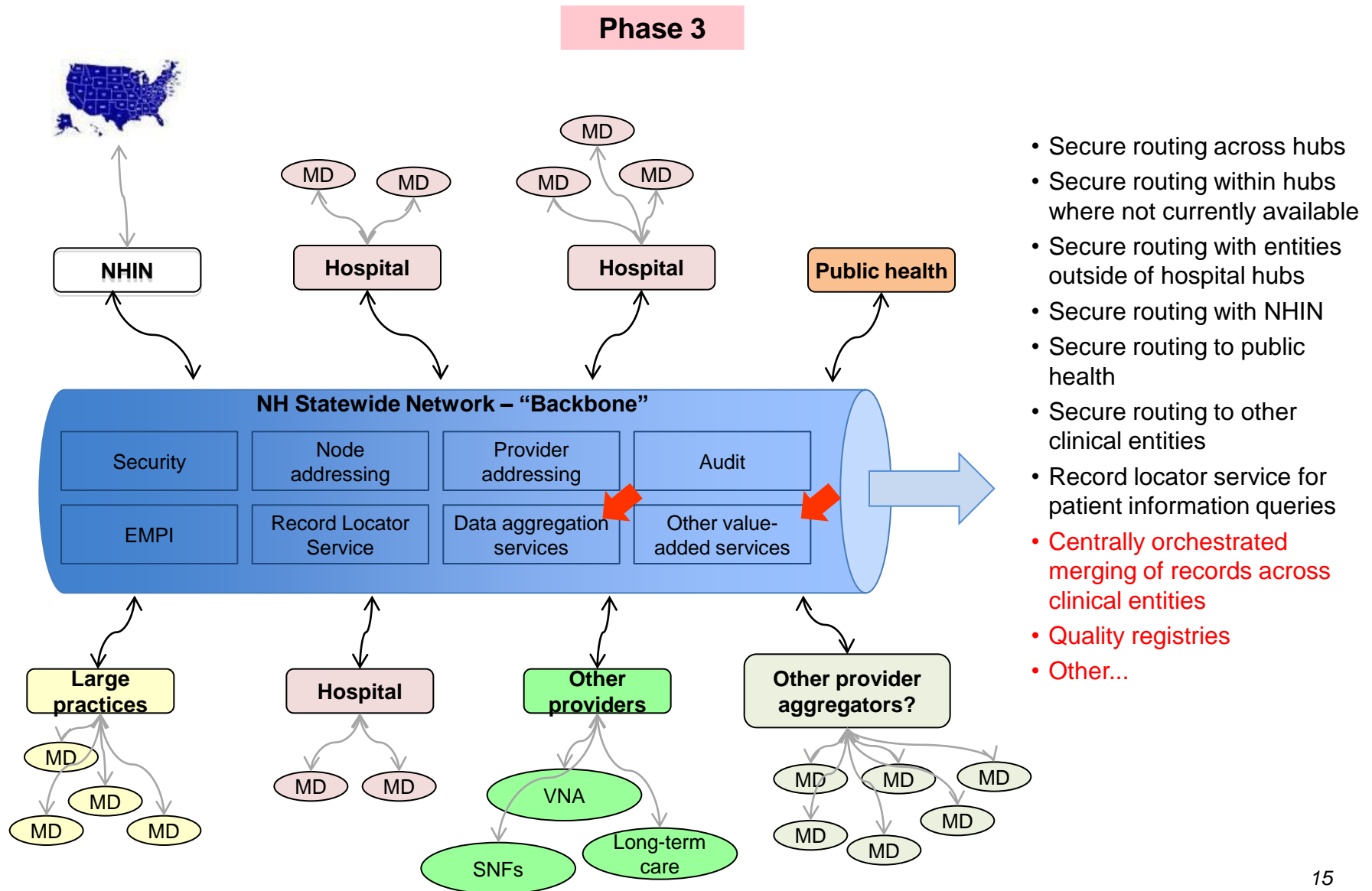 ➢ Local transactions happen according to local architectural and policy frameworks

Emerging approach is to create "Hub of Hubs" tying together existing institutions (emerging Phase 1 consensus)
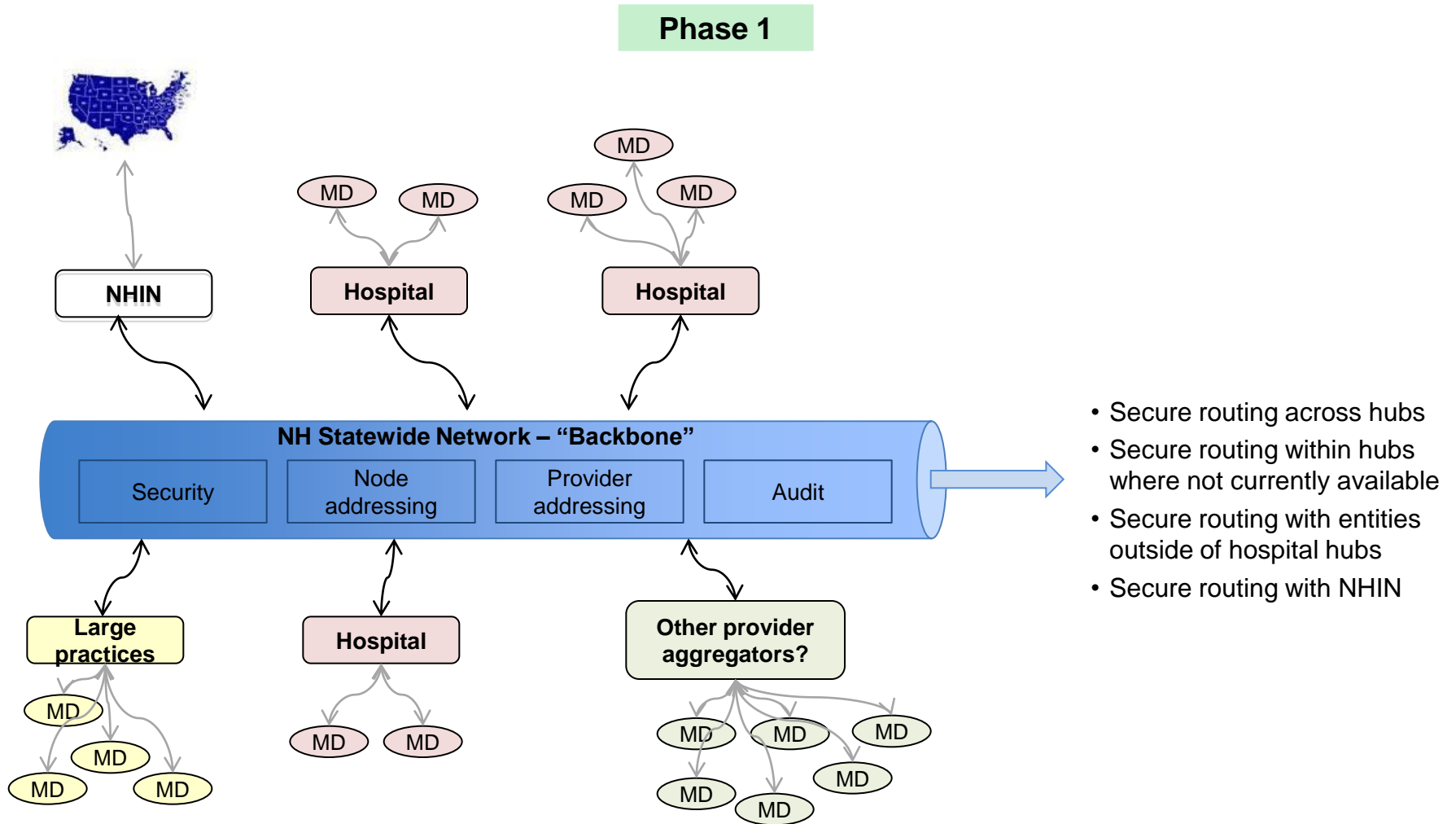
Emerging approach is to create "Hub of Hubs" tying together existing institutions (Phase 2 strawman – still to be vetted with WGs)

Phase 2

- Secure routing across hubs
- Secure routing within hubs where not currently available
- Secure routing with entities outside of hospital hubs
- Secure routing with NHIN
- Secure routing to public health
- Secure routing to other clinical entities
- Record locator service for patient information queries

NHIN

Hospital — MD, MD

Hospital — MD, MD, MD

Public health

NH Statewide Network – "Backbone"

| Security | Node addressing | Provider addressing | Audit |

| EMPI | Record Locator Service |

Large practices — MD, MD, MD, MD

Hospital — MD, MD

Other providers — VNA, SNFs, Long-term care

Other provider aggregators? — MD, MD, MD, MD, MD, MD

Emerging approach is to create "Hub of Hubs" tying together existing institutions (Phase 3 strawman – still to be vetted with WGs)

Phase 3

NHIN

Hospital

MD MD

Hospital

MD MD MD

Public health

NH Statewide Network – "Backbone"

Security	Node addressing	Provider addressing	Audit
EMPI	Record Locator Service	Data aggregation services	Other value-added services

Large practices

MD MD MD MD

Hospital

MD MD

Other providers

VNA

SNFs

Long-term care

Other provider aggregators?

MD MD MD MD MD MD

- Secure routing across hubs
- Secure routing within hubs where not currently available
- Secure routing with entities outside of hospital hubs
- Secure routing with NHIN
- Secure routing to public health
- Secure routing to other clinical entities
- Record locator service for patient information queries
- Centrally orchestrated merging of records across clinical entities
- Quality registries
- Other...

Agenda

Opening remarks, review of work to date, review of initial consensus areas

Converging on Solutions – Generating content for the strategic and operational plans

Wrap up and next steps

Appendix

Governance Work Group Consensus Points & Key Decisions Achieved

❑ **Organizational Form -** a "Public Instrumentality" modeled after NH Healthy Kids (http://www.nhhealthykids.com/about_us.php) which is a 501(c)3 with ability to pass through state funding, authority to make administrative rules, and with the operational and funding model flexibility of an independent entity.

❑ **Governance Functions -** All governance functions under a single governance body: Policy setting, Fiduciary responsibility (financial management and control), and Operational oversight

❑ **Representation -**

i.   Inclusive stakeholder involvement from the start (as opposed to aligning governance participants with those who are allowed to exchange information at each stage); stakeholders include consumers, care givers, policymakers, payers, public health, and others.

ii. Representation by stakeholder group vs. individual (where there is an obvious aggregation point e.g., NHHA, Medical Society, Patient Advocacy group)

iii. No differential representation. Equal voice for all stakeholders regardless of financial contribution.

Stakeholder Map – Include Representatives for which Stakeholders?

Included Later?

Included from Start?

Patients

Medicaid	Vendors
VA, DoD, and IHS	Home Health
Public Health	Allied Health
ARRA Programs	Long Term Care
Policy Makers	Employers
Physicians	Mental Health
Hospitals	Schools
Payers	Other
Pharmacy	Other
Labs	Other
Nurses	Other
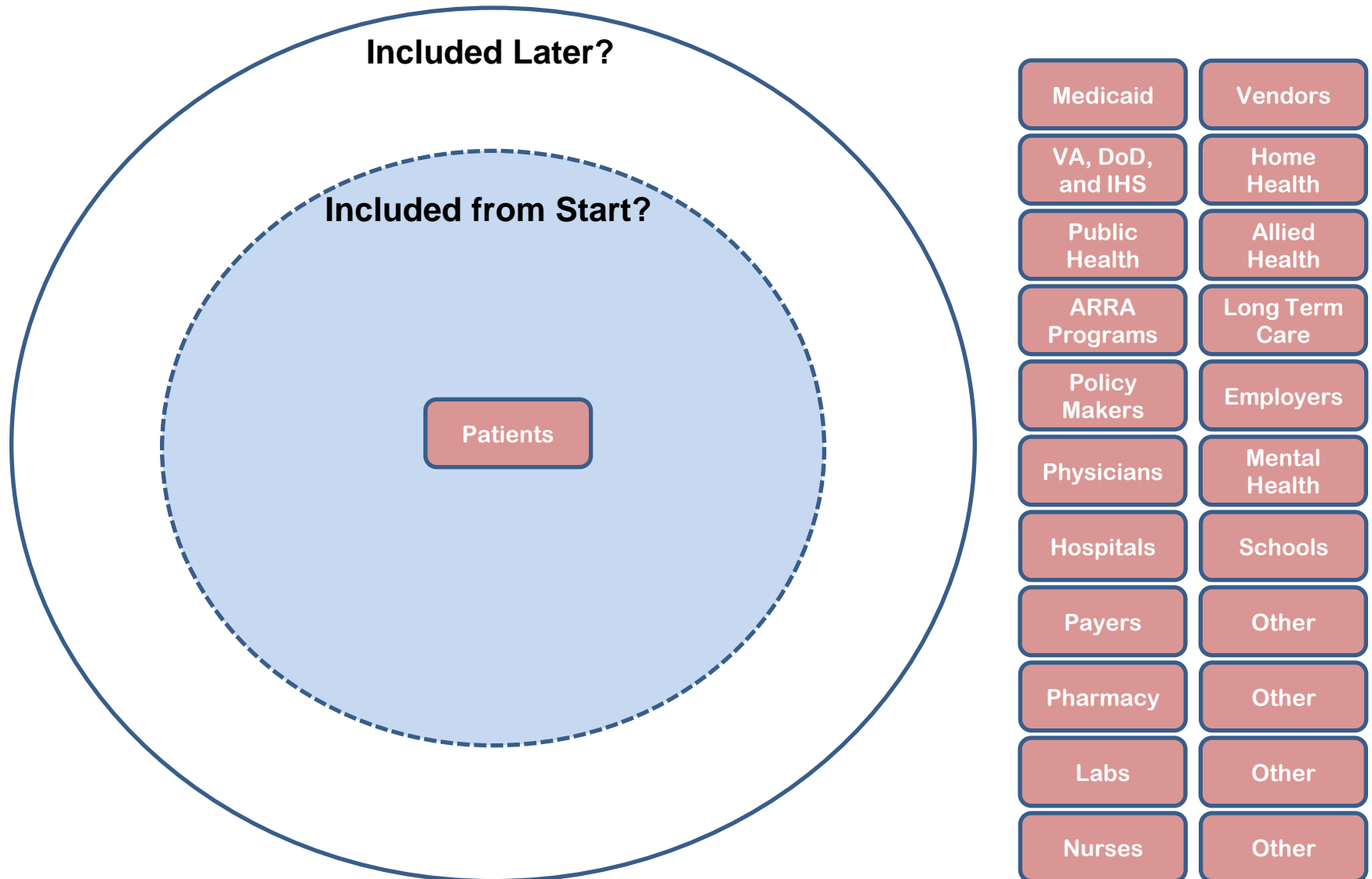
Discussion of Public Instrumentality organizational form

- ❑ Private nonprofit corporation
    - ▪ Powers as necessary to carry out purpose such as receive public and private funds, contract, etc…

- ❑ Legislatively authorized
    - ▪ Establish fund with treasurer?
    - ▪ Grant rule making authority?
    - ▪ Reporting and oversight?

- ❑ Oversight board commensurate with scope of HIE

Project Governance Model – Current State
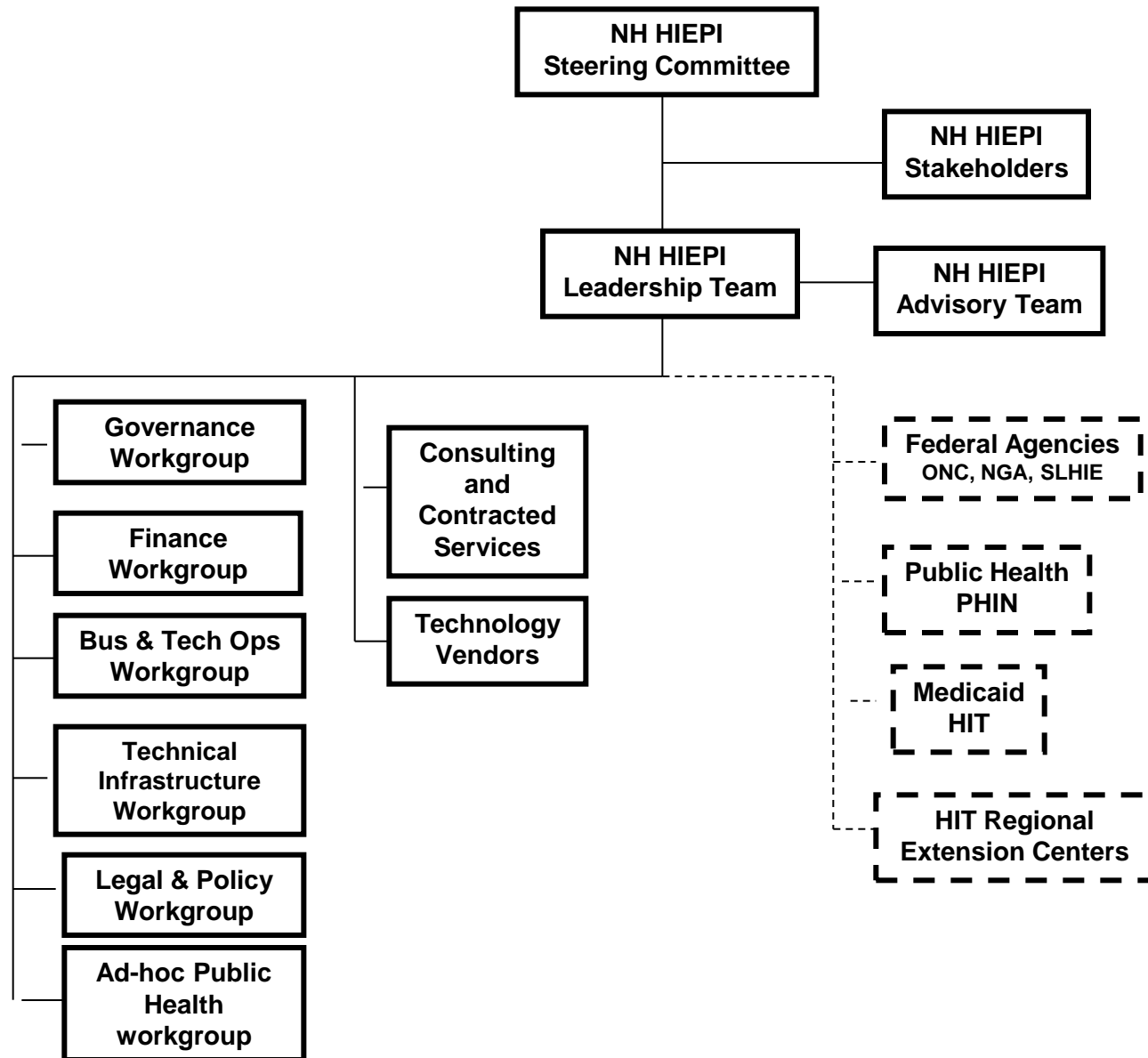
Project Governance Model Over Time

Current State   **Transition**   **Desired State**
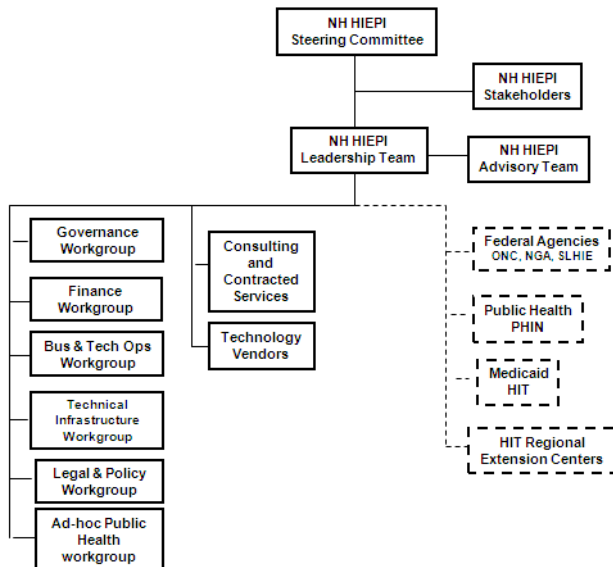
Converging on Solutions – Moving to the Strategic and Ops Plan

❑ Address all elements of strawman strategic and operational plans for which workgroup is responsible

❑ Create bulleted statements for each key part of the plans

❑ Try to come to workgroup consensus on all key decisions – note where consensus is not reached and a plan forward

SP-4 Coordination with Medicaid

Topic Guidance from ONC

☐ **Medicaid Coordination** – The Strategic Plan must describe the interdependencies and integration of efforts between the state's Medicaid HIT Plan and the statewide HIE development efforts. The description should include the state's HIE related requirements for meaningful use to be established by the Secretary through the rulemaking process and the mechanisms in which the state will measure provider participation in HIE.

SP-5.1 Coordination with Medicare and Federally Funded, State Based Programs Summary (note: research support by UNH)

Topic Guidance from ONC

❑ Coordination of Medicare and Federally Funded, State Based Programs – Strategic Plan shall describe the coordination activities with Medicare and relevant federally-funded, state programs (see program guidance). These programs include:

❑ Epidemiology and Laboratory Capacity Cooperative Agreement Program (CDC)

❑ Assistance for Integrating the Long-Term Care Population into State Grants to Promote Health IT

❑ Implementation (CMS/ASPE)

❑ HIV Care Grant Program Part B States/Territories Formula and Supplemental Awards/AIDS Drug Assistance Program Formula and Supplemental Awards (HRSA)

❑ Maternal and Child Health State Systems Development Initiative programs (HRSA)

❑ State Offices of Rural Health Policy (HRSA)

❑ State Offices of Primary Care (HRSA)

❑ State Mental Health Data Infrastructure Grants for Quality Improvement (SAMHSA)

❑ State Medicaid/CHIP Programs

❑ IHS and tribal activity

❑ Emergency Medical Services for Children Program (HRSA)

SP-5.2 Participation with Federal Care Delivery Organizations

Topic Guidance from ONC

❑ **Participation with federal care delivery organizations** *(encouraged but not required)* – When applicable, the Strategic Plan should include a description of the extent to which the various federal care delivery organizations, including but not limited to the VA, DoD, and IHS, will be participating in state activities related to HIE.

SP-6 Coordination with Other ARRA Programs Summary (note: research support by UNH)

Topic Guidance from ONC

☐ **Coordination of Other ARRA Programs** – Because other ARRA funding will be available to the state that can help advance HIE, the Strategic Plan must describe, when applicable, coordination mechanisms with other relevant ARRA programs including Regional Centers, workforce development initiatives, and broadband mapping and access. As these programs are developed, ONC will provide program guidance to facilitate state specific coordination across Regional Centers, workforce development and broadband programs. For planning purposes, applicants should specify how entities or collaboratives planning to be Regional Centers will provide technical assistance to health care providers in their states, how trained professionals from workforce development programs will be utilized to support statewide HIE, and how plans to expand access to broadband will inform State Strategic and Operational Plans overtime. This program coordination will be the subject of future guidance, and plans may need to be modified as other programs are clarified.

SP-8.1 HIE Governance Summary

Topic Guidance from ONC

☐ **Collaborative Governance Model –** The Strategic Plan must describe the multi-disciplinary, multi-stakeholder governance entity including a description of the membership, decision-making authority, and governance model. States are encouraged to consider how their state governance models will align with emerging nationwide HIE governance.

☐ **State Government HIT Coordinator** – The Strategic Plan shall identify the state Government HIT Coordinator. The plan shall also describe how the state coordinator will interact with the federally funded state health programs and also the HIE activities within the state.

☐ **Accountability and Transparency –** To ensure that HIE is pursued in the public's interest, the Strategic Plan shall address how the state is going to address HIE accountability and transparency.

OP-1 Coordinate with ARRA Programs Summary

Topic Guidance from ONC

☐ **Coordinate with ARRA Programs** – The Operational Plan must describe specific points of coordination and interdependencies with other relevant ARRA programs including Regional Centers, workforce development initiatives, and broadband mapping and access. As these programs are developed, ONC will provide program guidance to facilitate state specific coordination across Regional Centers, workforce development and broadband programs. For planning purposes, applicants concurrently applying as HIE recipients and Regional Center recipients should specify how they will provide technical assistance to health care providers in their states with estimates of geographic and provider coverage. In addition, project resource planning should take into account how and when trained professionals from workforce development programs will be utilized to support statewide HIE, and how and when broadband will be available to health care providers across the state according to the availability of up to date broadband maps and funded efforts to expand access.

OP-2 Coordinate with Other States Summary

Topic Guidance from ONC

❑ **Coordinate with Other States** – In order to share lessons learned and encourage scalable solutions between states, the Operational Plan shall describe multi-state coordination activities including the sharing of plans between states.

OP-3.1 HIE Governance Summary

Topic Guidance from ONC

❑ **Governance and Policy Structures –** The Operational Plan must describe the ongoing development of the governance and policy structures.

Agenda

Opening remarks, review of work to date, review of initial consensus areas

Converging on Solutions – Generating content for the strategic and operational plans

Wrap up and next steps

Appendix

Looking ahead to the review and finalization of the plan

Segment 1 Timeline: June 1 – October 31

Activity/Deadline	Week				
	August				
	2	9	16	23	30
MAeHC to review draft plan for compliance and prepare plan for release to Stakeholders and Steering committee	■▲				
Stakeholders, Core Team, and Steering committee members to review draft plan and submit comments via comment tracking spreadsheet		■			
MAeHC to aggregate comments, assign comment ownership to Core Team and Workgroups, and disseminate		▮			
Workgroups to review all comments, determine action, and recommend revisions			■		
MAeHC team to incorporate recommended revisions			■▲		
Steering Committee and Core team to gain necessary approvals on final plan				■	
As necessary , final revisions will be made to plan				■	
Final State-approved plan to be submitted to ONC					▲

- ← SOP Version 1 (MAeHC to review draft plan...)
- ← Comments due back by Aug 12 (Stakeholders, Core Team...)
- ← SOP Version 2 (MAeHC team to incorporate recommended revisions)
- ← SOP Version 3 (Final State-approved plan to be submitted to ONC)

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Comment tracking spreadsheet

Section	Page	Paragraph	Comment	Assigned to:	Recommended Action	Action Taken

E.g., "Recommend that we consider…"

E.g., "Core Team"

E.g., "Accept revision"

E.g., "Revision incorporated"

Wrap up and next steps

❑ Next Conference Call July 29 11:00 - 1:00
❑ Feedback review session to be scheduled for between Aug 16 and 18
❑ Meeting summary to be distributed to all workgroups

Agenda

Opening remarks, review of work to date, review of initial consensus areas

Converging on Solutions – Generating content for the strategic and operational plans

Wrap up and next steps

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